

# Annual Client Profile Verification Document

Please review and verify the accuracy of the profile information on record. Make any necessary corrections directly on this form. This document must be signed, dated, and returned for processing.

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## 1. Document Information

Date of Verification:

Client / Account Number:

## 2. Primary Client Information

Full Legal Name:

Date of Birth (MM/DD/YYYY):

Tax ID / SSN (Last 4 digits):

Residential Address:

City, State, Zip Code:

Primary Phone Number:

Email Address:

## 3. Employment & Financial Profile

Employment Status:

Employer Name (if applicable):

Occupation / Job Title:

Estimated Annual Income:

Estimated Liquid Net Worth:

## 4. Investment Objectives & Risk Tolerance

Primary Investment Objective:

Risk Tolerance Level:

Time Horizon (in years):

## 5. Client Declaration & Signature

I hereby confirm that the information provided above is accurate, complete, and up-to-date to the best of my knowledge.

Client Signature (Sign in printout):

Date Signed: